

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

**Bruce Arnold et al.**

**Serial No.:** 09/612,479

**Filed:** July 7, 2000

**For:** TELEPHONIC APPARATUS WITH  
AUTOMATIC AREA CODE DIALING  
CAPABILITY RESPONSIVE TO DIALING  
KEY OPERATION

)  
) **Group Art Unit:** 2643

)  
) **Confirmation No.:** 8599

)  
) **Examiner:** R. Barnie

**RECEIVED**

**JUL 16 2004**

**Technology Center 2600**

**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

On May 5, 2004, the following documents were filed to the United States Patent and Trademark Office ("USPTO") in the above-identified application:

- 1) RCE Transmittal with \$430 Check for RCE and extension fees with Certificate of Mailing (1 pg.);
- 2) Amendment and Response (11 pgs.); and
- 3) Return Receipt Postcard.

Enclosed are copies of each of the above documents. This documents were previously mailed to the USPTO on May 5, 2004, as indicated on the certificate of mailing for each

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

7/7/04  
Date of Deposit

Jocelyn L. Lee  
Jocelyn L. Lee

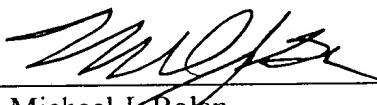
document. Also, attached is copy of the returned receipt postcard with the USPTO stamp confirming the filing date of May 5, 2004.

Although a \$430.00 check was previously forwarded to the USPTO for payment, Applicants believe that an additional \$10.00 is necessary in connection with the filing of the RCE. Thus, enclosed is a check payable to the USPTO for \$10.00. Please add this \$10.00 to the \$430.00 filing fees that were previously filed on May 5, 2004, to fully satisfy payment for the filing of the RCE and the associated documents mentioned above.

If the Examiner has any questions regarding this submission, the Examiner is requested to contact the undersigned at (714) 830-0606.

DATE: July 7, 2004

Respectfully submitted,

By:   
Michael J. Bolan  
Registration No.: 42,339



RECEIVED

JUL 16 2004

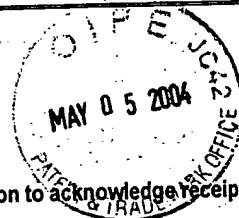
Technology Center 2600

Express Mail Label No. EV 435964332 US  
Date Mailed May 5, 2004

Due Date: April 5, 2004  
Atty. Docket 0001

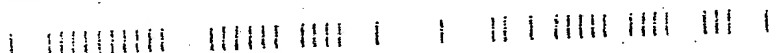
Applicant(s): Bruce Arnold, et al.  
Title: TELEPHONIC APPARATUS WITH AUTOMATIC AREA CODE DIALING  
CAPABILITY RESPONSIVE TO DIALING KEY OPERATION  
Serial No.: 09/612,479 Filing Date: JULY 7, 2000

MAIL STOP RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



SIR: Please place the U.S. Patent and Trademark Office date stamp hereon to acknowledge receipt of the following:

1. Return Receipt Postcard
2. RCE Transmittal with \$430 Check for RCE and extension fees with Certificate of Mailing (1 pg.)
3. Amendment and Response (11 pgs.)



0213 4971 735 1 MICHAEL JOSEPH BOLAN CECILIA BOLAN AS TTEES	AXP CASH MANAGEMENT FUND	1194
Date <u>5/5/04</u>		75-46/919
Pay to the order of <u>USPTO</u>	\$ <u>430.00</u>	
<u>Four hundred thirty and 00/100</u> Dollars		Security Features Details on Back
American Express Financial Advisors 1-800-437-3133 Draft Payable Through: Wells Fargo Bank Red Wing, N.A. Not for ACH/EFT use	Not Valid for Under \$100.00	
For <u>0001 RCE</u>		MP
⑈091900465⑈ 9080927957⑈ 1194 01		

# RECEIVED

JUL 16 2004

Technology Center 2600

Mailing Label  
Label 11-F June 2002



EV 435964332 US



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		

**CUSTOMER USE ONLY**  
METHOD OF PAYMENT: X926366  
Express Mail Corporate Acct. No.

**FROM: (PLEASE PRINT)** PHONE ( )

BINGHAM MCCUTCHEN  
300 ANTON BLVD STE 1800  
COSTA MESA CA 92626-7653

Federal Agency Acct. No. or Postal Service Acct. No.

**TO: (PLEASE PRINT)** PHONE ( )

MAIL STOP RCE



EV 435964332 US



Customer Copy  
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 92199	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year 5/5	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. ozs. 4	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 17.05	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		

**CUSTOMER USE ONLY**  
METHOD OF PAYMENT: X926366  
Express Mail Corporate Acct. No.

**FROM: (PLEASE PRINT)** PHONE ( )

BINGHAM MCCUTCHEN  
300 ANTON BLVD STE 1800  
COSTA MESA CA 92626-7653

M. Bolan/personal  
Docket No. 0001

Federal Agency Acct. No. or Postal Service Acct. No.

**TO: (PLEASE PRINT)** PHONE ( )

MAIL STOP RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRESS HARD.  
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

